

FIG. 1

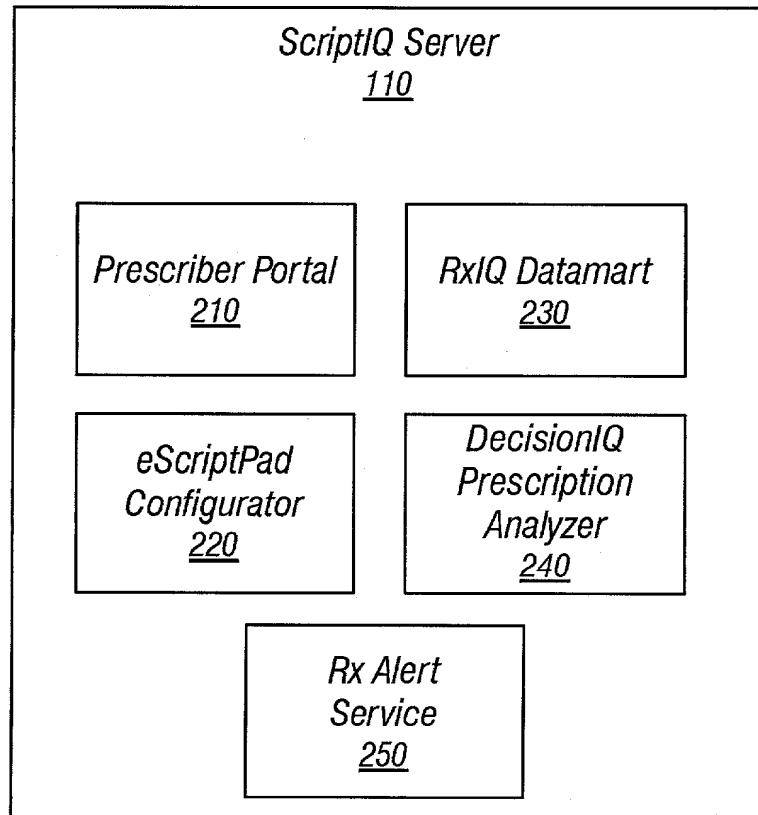


FIG. 2

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300



XXXXXX, MD
XXXXXXXXXX
XXXXXXXXXX
XXXXXXXXXX
DEA # XXXXXXXXXX
CA LICENSE #XXXXXX

PATIENT NAME: _____ DATE: _____
ADDRESS: _____

<input type="checkbox"/> ADALAT CC 30/ 60 /90 MG	<input type="checkbox"/> DYAZIDE	<input type="checkbox"/> METFORMIN 500/850 MG
<input type="checkbox"/> ALLEGRA 60 MG	<input type="checkbox"/> ENALAPRIL 5 / 10 MG	<input type="checkbox"/> METOPROLOL 50 MG
<input type="checkbox"/> AMOXICILLIN 250/500 MG	<input type="checkbox"/> FUROSEMIDE 20 / 40 MG	<input type="checkbox"/> NAPROXEN 375 / 500 MG
<input type="checkbox"/> ATENOLOL 50 MG	<input type="checkbox"/> IBUPROFEN 600 / 800 MG	<input type="checkbox"/> NASACORT AQ
<input type="checkbox"/> CAPTOPRIL 12.5 / 25 MG	<input type="checkbox"/> KCl 8 /10 / 20 mEq.	<input type="checkbox"/> PREMARIN 0.3 / 0.625 MG
<input type="checkbox"/> CELEXA 20 / 40 MG	<input type="checkbox"/> LIPITOR 10 / 20 / 40 MG	<input type="checkbox"/> PREMPRO 0.625 / 2.5 MG
<input type="checkbox"/> CEPHALEXIN 250/500	<input type="checkbox"/> LOTENSIN 10 / 20 / 40	<input type="checkbox"/> RANITIDINE 150/300
<input type="checkbox"/> OTHER _____		

SIG

QD BID TID QID PRN QTY: _____ REFILL X _____
 DAW

SPECIAL INSTRUCTIONS ON BACK OF PRESCRIPTION

PROVIDER SIGNATURE

FILL WITH GENERIC DRUG UNLESS OTHERWISE STATED. ONLY ONE
MEDICATION PER PRESCRIPTION.

FIG. 3

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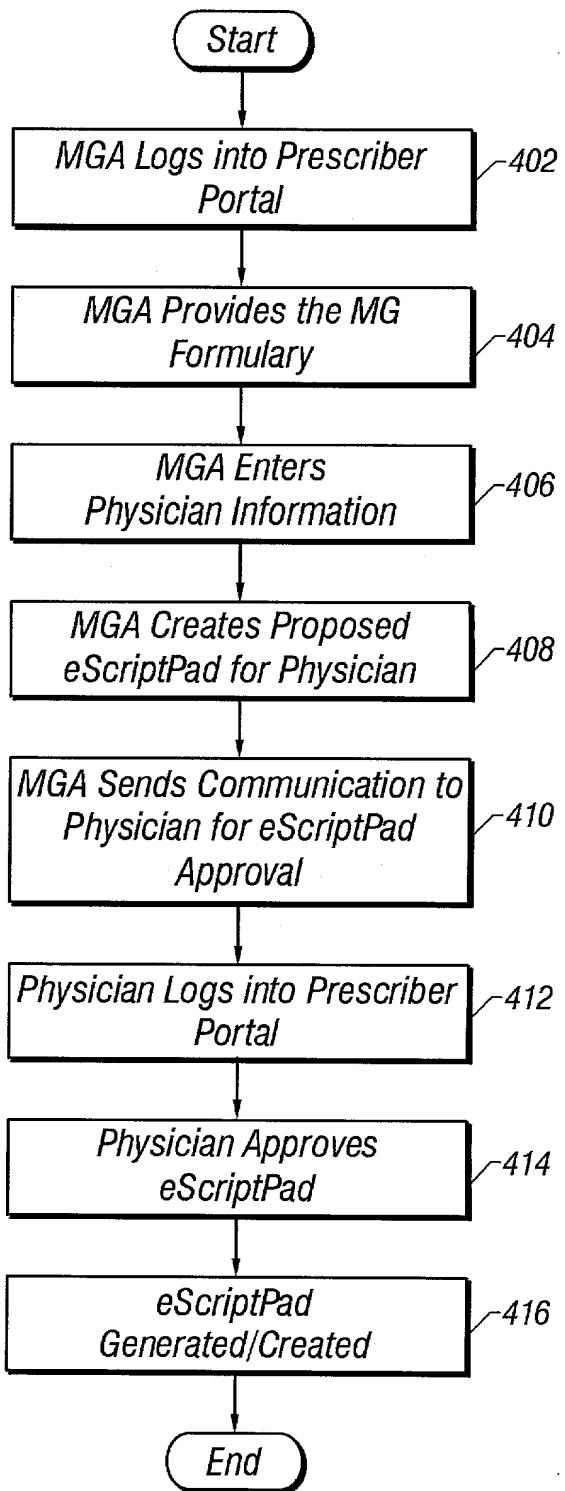


FIG. 4

<i>Oral Contraceptives</i>	<i>Cost</i>	<i>HN/F</i>	<i>PC/SH</i>	<i>WHA</i>	<i>Aetna</i>	<i>Cigna</i>	<i>BC</i>	<i>BS</i>
<i>Necon, Norinyl, Norethin, Ortho Novum, Genora--1/50 (generics)</i>	\$11-27	X	X	X	X	X	X	X
<i>Necon, Norinyl, Norethin, Ortho Novum, Genora, Jenest, Nelova--1/35 (generics)</i>	\$11-27	X	X	X	X	X	X	X
<i>Modicon, Genora, Necon, Nelova, Brevicon--0.5/35</i>	\$20	X	X		X	X	X	X
<i>Ovrette</i>	\$25	X	X	X			X	
<i>Desogen, Ortho-Cept</i>	\$27	X	X	X	X	X	X	X
<i>Estrostep</i>	\$27	X		X				
<i>Tri-Norinyl</i>	\$28	X	X	X		X	X	X
<i>Triphasil, Tri-Levien</i>	\$29	X	X	X	X	X	X	X
<i>Mircette</i>	\$30	X	X				X	
<i>Nordette, Levlen, Levora</i>	\$30	X	X	X	X	X	X	X
<i>Lo-Ovral</i>	\$31	X	X	X	X	X	X	X
<i>Ortho Cyclen</i>	\$31	X		X	X		X	
<i>Ortho-Tri-Cyclen</i>	\$31	X		X	X		X	
<i>Ortho Novum 777</i>	\$31	X		X	X	X	X	X
<i>Demulen, Zovia--1/35, 1/50</i>	\$31-35	X	X	X		X	X	X
<i>Ovcon--35, 50</i>	\$32/35		X			X	X	
<i>Alesse, Levlite</i>	\$32	X	X	X	X	X	X	X
<i>Loestrin, Loestrin Fe 1/20, 1.5/3.0</i>	\$33	X		X	X	X	X	X
<i>Ortho Novum, Necon--10/11</i>	\$34	X			X	X	X	
<i>Micronor, Nor-Q-D</i>	\$35	X	X	X	X	X	X	X
<i>Ovral</i>	\$50	X	X		X	X	X	

FIG. 5A

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Hormone Replacement Therapy	Cost	Y	H/N/F	PC/SH	W/H/A	Aetna	Cigna	BC	BS
Provera, Cycrin (generic) 5mg	\$5		X	X	X	X	X	X	X
Estrace (generic)	\$6		X	X	X	X	X	X	X
Estropipate-Ogin (generic) 0.625mg	\$6		X	X	X	X	X	X	X
Menest 0.625mg	\$7		X	X			X	X	X
Cenestin 0.625mg	\$18								
Estratab 0.625mg	\$19		X	X		X	X	X	
Premarin 0.625mg	\$21		X	X	X	X	X	X	X
Prempro 0.625mg/2.5mg	\$31		X	X	X	X	X	X	X
FemHRT	\$25								
Ortho-Prefest	\$25								X
Activella	\$26								X
Climara 0.05mg/24 hrs (4 patches/mo)	\$27			X			X	X	X
Vivelle 0.05mg/24 hrs (8 patches/mo)	\$28			X	X	X	X	X	X
Estraderm 0.05mg/24 hrs (8 patches/mo)	\$28		X	X	X	X	X	X	
Estratest 2.5mg/1.25, Estratest HS	\$40/32	X	X	X	X	X	X	X	X

Antihistamines	Cost	Y	H/N/F	PC/SH	W/H/A	Aetna	Cigna	BC	BS
Fexofenadine (Allegra) 60mg BID prn	\$42		X	X	X		X	X	X
Cetirizine (Zyrtec) 10mg qd	\$49	X*		X*	X			X	
Azelastine (Astelin) Nasal Spray 2 sprays each nostril BID prn	\$50	X	X		X		X		
Loratadine (Claritin) 10mg qd	\$61	X	X		X	X	X	X	X

*Zyrtec syrup is covered for children <12

FIG. 5B

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Antidepressants	Cost	H/M/F	PC/SH	WHA	Aetna	Cigna	BC	BS
<i>Amitriptyline (generic)</i>	\$4	X	X	X	X	X	X	X
<i>Trazodone (generic)</i>	\$5	X	X	X	X	X	X	X
<i>Nortriptyline (generic)</i>	\$6	X	X	X	X	X	X	X
<i>Imipramine (generic)</i>	\$9	X	X	X	X	X	X	X
<i>Desipramine (generic)</i>	\$9	X	X	X	X	X	X	X
<i>Citalopram (Celexa)</i>	\$51	X	X	X		X	X	
<i>Paroxetine (Paxil)</i>	\$63	X	X	X	X	X	X	X
<i>Sertraline (Zoloft)</i>	\$63	X		X	X	X	X	
<i>Nefazodone (Serzone)</i>	\$65	X	X	X	X	X	X	X
<i>Venlafaxine (Effexor XR)</i>	\$73	X	X	X	X			
<i>Bupropion (Wellbutrin SR)</i>	\$75	X		X	X	X	X	X
<i>Mirtazapine (Remeron)</i>	\$76	X		X	X	X	X	X
<i>Fluoxetine (Prozac)</i>	\$108	p		X*	X	X	X	X

*PA if higher dose

FIG. 5C

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Antibiotics - Adults	Cost		HN/F	PC/SH	WHA	Aetna	Cigna	BC	BS
Penicillin	\$3		X	X	X	X	X	X	X
TMP/SMX	\$3		X	X	X	X	X	X	X
Doxycycline	\$3		X	X	X	X	X	X	X
Metronidazole	\$3		X	X	X	X	X	X	X
Tetracycline	\$4		X	X	X	X	X	X	X
Amoxicillin	\$4		X	X	X	X	X	X	X
Cephalexin	\$5		X	X	X	X	X	X	X
Erythromycin	\$6		X	X	X	X	X	X	X
Sulfa/Erythro	\$8		X	X	X	X	X	X	X
Dicloxacillin	\$9		X	X	X	X	X	X	X
Nitrofurantoin	\$12		X	X	X	X	X	X	X
Clindamycin	\$21		X	X	X	X	X	X	X
Cefaclor (generic)	\$25		X	X	X	X	X	X	X
Azithromycin (Zithromax)	\$35		X	X	X		X	X	X
Clarithromycin (Biaxin)	\$55		X	X		X	X	X	X
Cefprozil (Cefzil) peds pricing	\$60		X	X	X		X	X	X
Gatifloxacin (Tequin)	\$53		X	X*					
Levofloxacin (Levaquin)	\$60				X	X		X	
Moxifloxacin (Avelox)	\$61								
Ciprofloxacin (Cipro)	\$63		X	X	X	X	X	X	X
Amoxicillin/Clavulanate (Augmentin) peds-\$65	\$80		X	X	X	X	X	X	X
Cefuroxime (Ceftin)	\$85		X	X		X	X	X	X

*> 65 years old w/CAP (community acquired pneumonia)

FIG. 5D

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<i>Nsaids</i>	<i>Cost</i>	<i>YY</i>	<i>HN/F</i>	<i>PC/SH</i>	<i>WHA</i>	<i>Aetna</i>	<i>Cigna</i>	<i>BC</i>	<i>BS</i>
<i>Indomethacin (generic) 25mg tid</i>	\$4		X	X	X	X	X	X	X
<i>Ibuprofen (generic) 600mg tid</i>	\$4		X	X	X	X	X	X	X
<i>Piroxicam (generic) 10mg bid</i>	\$4		X	X		X	X	X	X
<i>Naproxen (generic) 500mg bid</i>	\$7		X	X	X	X	X	X	X
<i>Salsalate (generic) 750mg ii bid</i>	\$8		X	X	X	X	X	X	X
<i>Ketoprofen (generic) 75mg tid</i>	\$10		X	X	X	X	X	X	X
<i>Etodolac-Lodine (generic) 400mg bid</i>	\$24			X		X	X	X	X
<i>Diclofenac-Na-Voltaren (generic) 50mg tid</i>	\$27		X	X	X	X	X		X
<i>Diclofenac-K (generic) 50mg tid</i>	\$36		X			X		X	X
<i>Tolmetin (generic) 400mg bid</i>	\$37		X	X		X	X	X	
<i>Meloxicam (Mobic) 15mg qd</i>	\$65								
<i>Refecoxib (Vioxx) 25mg qd</i>	\$76		p	p	p		p		
<i>Celecoxib (Celebrex) 200mg qd</i>	\$76		p		p		p		
<i>Nabumetone (Relafen) 500mg ii qd</i>	\$82								
<i>Oxyprozin (Daypro) 600mg ii qd</i>	\$101								
<i>Celecoxib (Celebrex) 200mg bid</i>	\$151		p		p		p		

Green- Best Practice Preferred Choice

Black- No Specific Recommendation

Pink- Prior Auth., or step therapy, or has quantity or age limits

Y- Utilization Pricing

YY- AWP Pricing

XYZ MEDICAL GROUP

Formulary
Selection
Guide

FIG. 5E

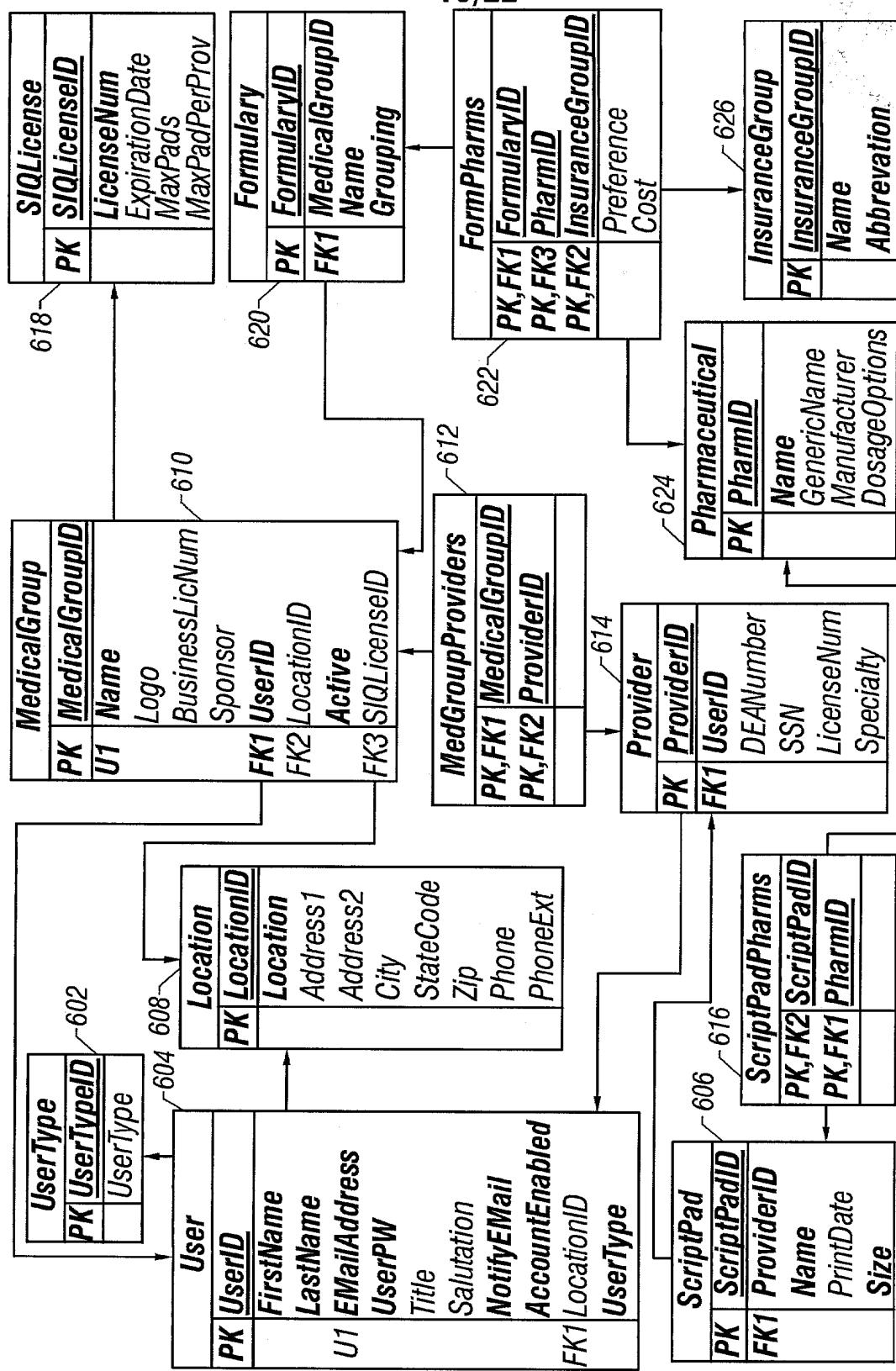


FIG. 6

→700

SCRIPT 1 

INTELLIGENT PRESCRIBING SOLUTIONS

Welcome Dr. John Doe

<p>My eScript Pads</p> <p>My Account</p> <p>Account History</p> <p>Order eScript Pads</p>	<p>Personal Information</p> <p>Subscriber ID Type: <input type="checkbox"/> DEA <input type="checkbox"/> ID#: <input type="text"/> <input type="button" value="Lookup"/></p> <p>Salutation: <input type="checkbox"/> Dr. <input type="checkbox"/></p> <p>First Name: <input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text"/></p> <p>Specialty: <input type="checkbox"/> Pediatrics <input type="checkbox"/> Title: <input type="text"/> (DO, MD, Etc.)</p>	<p>Sponsor Group/Practice Information</p> <p>Type: <input type="checkbox"/> Physician Practice <input type="checkbox"/> Sponsorship Code: <input type="text"/></p> <p>Name: <input type="checkbox"/> Search <input type="text"/> The Everett Clinic</p> <p>Practice Speciality: <input type="checkbox"/> Pediatrics <input type="checkbox"/></p>	<p>Address / Shipping Information</p> <p>Address Type: <input type="checkbox"/> Office <input type="checkbox"/></p> <p>Street Address: <input type="text"/></p> <p>Dept/Suite/Etc: <input type="text"/></p> <p>City: <input type="text"/> State: <input type="checkbox"/> AK <input type="checkbox"/> Zip/Postal Code: <input type="text"/></p> <p>Shipping Contact: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Fax: <input type="text"/></p> <p><input type="button" value="Update"/></p>
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FIG. 7

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800

SCRIPT
IQ

INTELLIGENT PRESCRIBING SOLUTIONS

Welcome Dr. John Doe

My eScript Pads

My Account

Account History

Order eScript Pads

Editing: Standard Pad

Choose from the following medications

ACCU-CHEK
ACCU-PAIL
ACETAMINOPHEN W/CODEINE
ALBUTEROL
ALLOPRINOL
ALPRAZOLAM
AMANTADINE HCL
AMBEN
AMITRIPTYLINE HCL
AMOXILLIN
AMOXILL
ANUSOL-HC
ATENOLOL
ATENOLOL W/CHLORTHALDIONE
AUGMENTIN
AXA
AMMACORT
BENZONATE
BIAVIN
BUSPAR
BUTALBITAL W/AC
CARDIZEM CD
CARDURA
CARTIA XT

Medications selected for your eScriptPad

ACETAMINOPHEN W/CODEINE
ALBUTEROL
ALLOPRINOL
AMOXILL
ANUSOL-HC
ATENOLOL
AXA
AMMACORT
BENZONATE
BIAVIN
BUTALBITAL W/AC
CARDIZEM CD
CARTIA XT
CEFAZOXIL MONOHYDRATE
CEFZIL
CELEBREX
CHLORTHALDIONE
CIPRO
CLARTIN
CYCLOBENZAPRINE HCL
DAYVOCE FN 100
DAYPRO
DESPRAMEINE HCL

Available medications may be limited based upon the list of medications approved by the physician's sponsoring group or medical group

FIG. 8

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SCRIPT 
INTELLIGENT PRESCRIBING SOLUTIONS

Welcome Dr. John Doe

Preview: Standard Pad [Order this eScriptPad](#)

My eScript Pads	XXXXXX, MD	DEA # XXXXXXXXXX
MedClinic MEDICAL GROUP HEALTH CARE EXCELLENCE WITH COMPASSION	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX	CA LICENSE #XXXXXXX
PATIENT NAME: _____	ADDRESS: _____	DATE: _____
<input type="checkbox"/> ADALAT/CC 30/60 /90 <input type="checkbox"/> DYAZIDE <input type="checkbox"/> METFORMIN 500/850 MG <input type="checkbox"/> ALLEGRA 60 MG <input type="checkbox"/> ENALAPRIL 5 / 10 <input type="checkbox"/> METOPROLOL 50 MG <input type="checkbox"/> AMOXICILLIN 250/500 <input type="checkbox"/> FUROSEMIDE 20 / 40 <input type="checkbox"/> NAPROXEN 375 / 500 MG <input type="checkbox"/> ATENOLOL 50 MG <input type="checkbox"/> IBUPROFEN <input type="checkbox"/> NASACORT AQ MG <input type="checkbox"/> CAPTOPRIL 12.5 / 25 <input type="checkbox"/> KC1 8 /10 / 20 mEq. <input type="checkbox"/> PREMARIN 0.3 / 0.625 MG <input type="checkbox"/> CELEXA 20 / 40 <input type="checkbox"/> LIPITOR 10 / 20 / 40 <input type="checkbox"/> PREMPRO 0.625 / 2.5 MG <input type="checkbox"/> CEPHALEXIN 250/500 <input type="checkbox"/> LOTENSIN 10 / 20 / 40 <input type="checkbox"/> RANTIDINE 150/300 <input type="checkbox"/> DILACOR XR 160/240MG <input type="checkbox"/> MAXIDE 25 MG <input type="checkbox"/> RHINOCORT AER <input type="checkbox"/> OTHER _____		
SIG _____ <input type="checkbox"/> QD <input type="checkbox"/> BID <input type="checkbox"/> QID <input type="checkbox"/> PRN QTY: _____ REFILL X _____ <input type="checkbox"/> DAW <input type="checkbox"/> SPECIAL INSTRUCTIONS ON BACK OF PRESCRIPTION PROVIDER SIGNATURE FILL WITH GENERIC DRUG UNLESS OTHERWISE STATED. ONLY ONE MEDICATION PER PRESCRIPTION.		

[< Back](#)

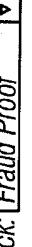
1000

eScriptPad Maintenance (1)

SCRIPT 
INTELLIGENT PRESCRIBING SOLUTIONS

Welcome Dr. John Doe

My eScript Pads	Description: Standard Pad	 Order this eScriptPad
Field:	<input type="text"/>	
My Account	<input type="text"/>	
Field:	<input type="text"/>	
Account History	<input type="text"/>	
Field:	<input type="text"/>	
Order eScript Pads	<input type="text"/>	
Field:	<input type="text"/>	

Paper Stock: **Fraud Proof** 

Logo: None 

Sheets per Pad: **100** 

Update **Modify Medications** **Preview**

FIG. 10

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SCRIPT IQ
INTELLIGENT PRESCRIBING SOLUTIONS

Welcome Dr. John Doe

[My eScript Pads](#) [My Account](#) [Account History](#) [Order eScript Pads](#)

Order Rx Supplies

Shopping Cart 

Qty	Description	Price	Total
50 ▶	Standard eScript Pads (100 pages per pad)	\$ 2.50	\$ 125.00
<input type="button" value=""/>	<input type="button" value="▼"/>		

Checkout

\$ 125.00

FIG. 11

*To: Medical Group User
From: eScriptIQ System Alert Service
Date: November 1, 2001
Subject: ALERT - Changes to eScriptPad Prescription Pads*

Dear Medical Group User,

We have noted that you have changed the formulary for your medical group. The eScriptPad prescription pads for the following doctors are affected and should be changed:

*Dr. John Doe johndoe@scriptiq.com
Dr. Mary Smith marysmith@scriptiq.com
Dr. Jack Jones jack.jones@scriptiq.com*

You can revise their prescription pads by clicking on this link: <http://www.ScriptIQ.com/login.html>.

*Sincerely,
ScriptIQ Alert Administrator*

FIG. 12

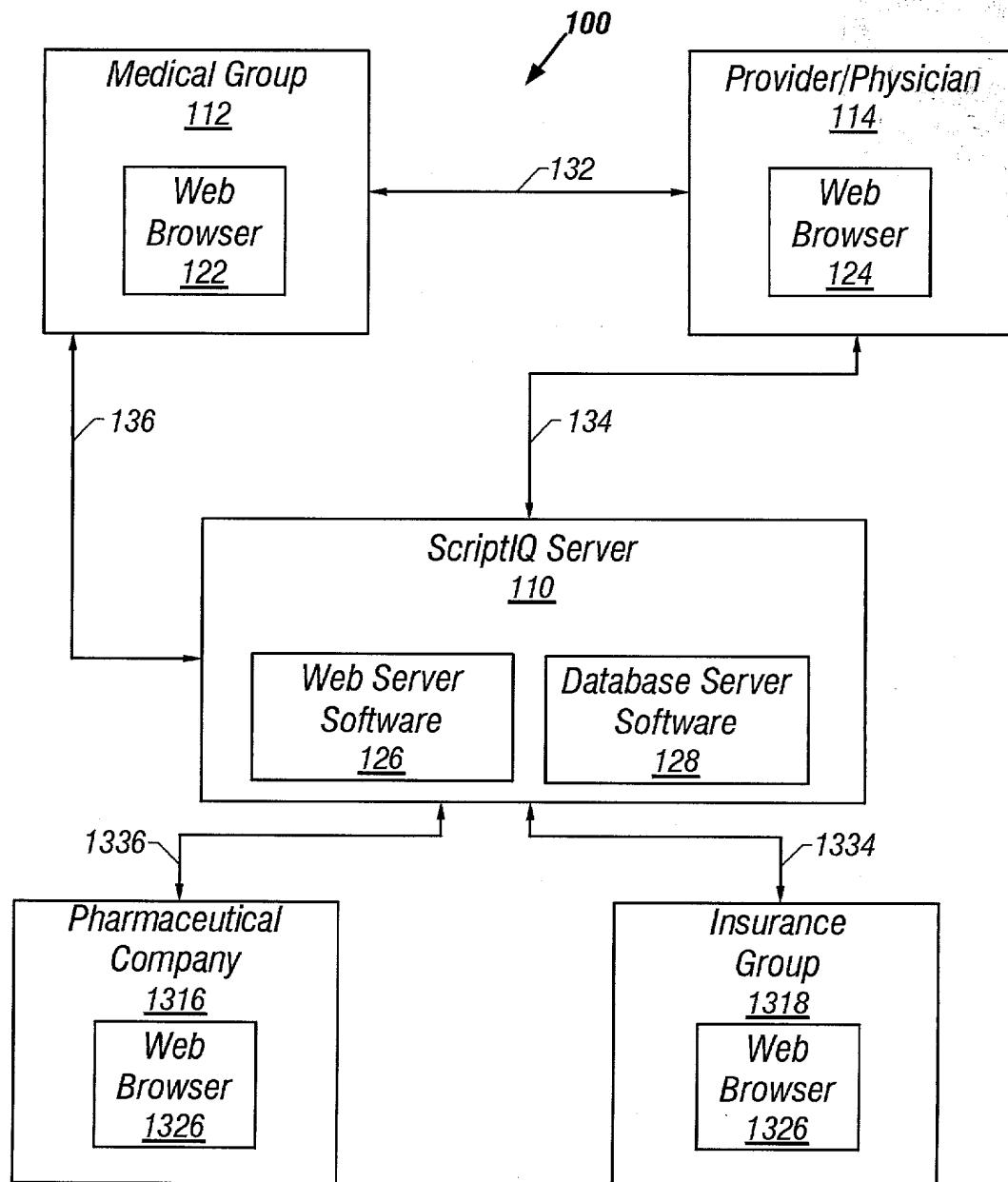


FIG. 13

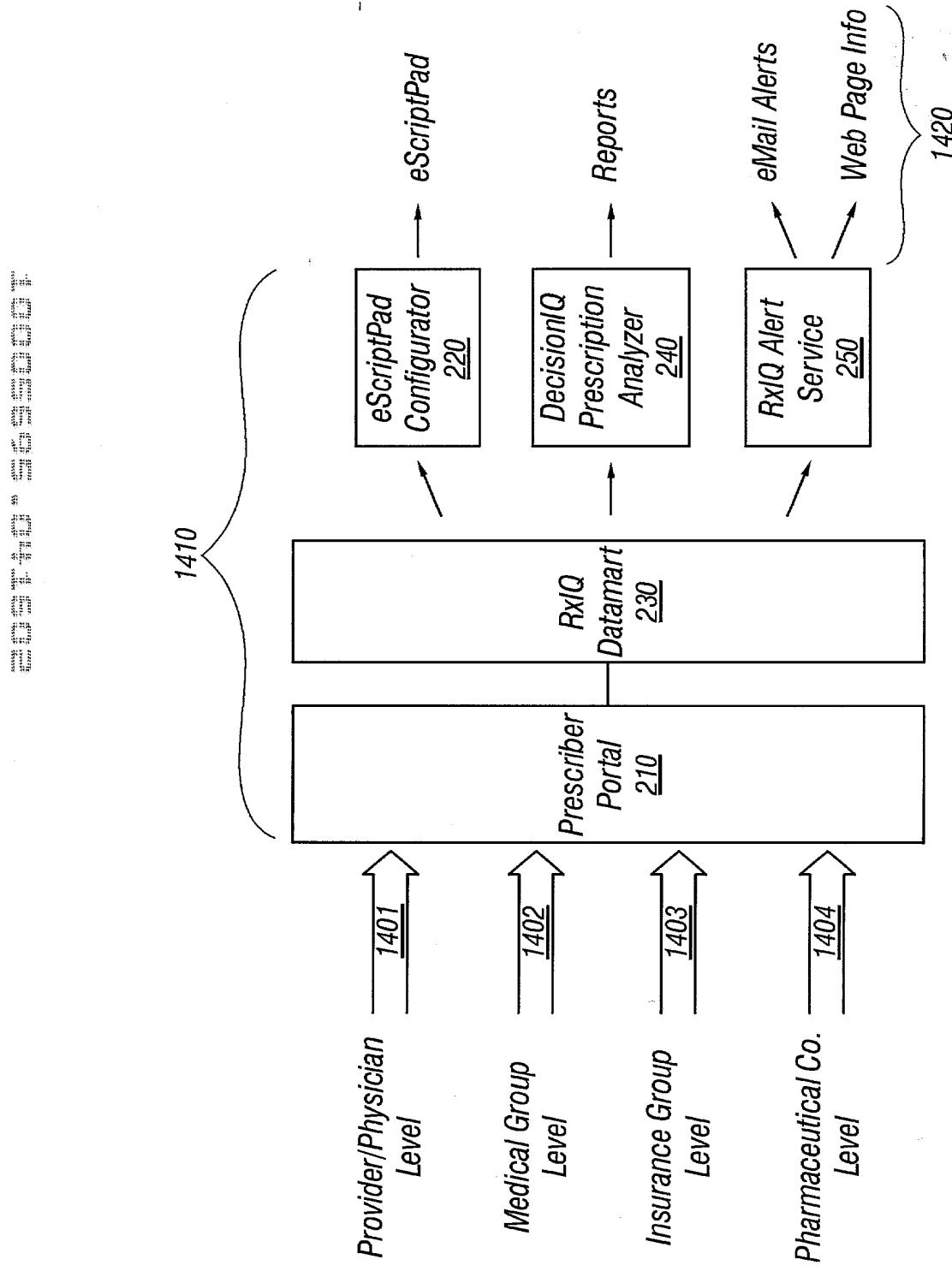


FIG. 14

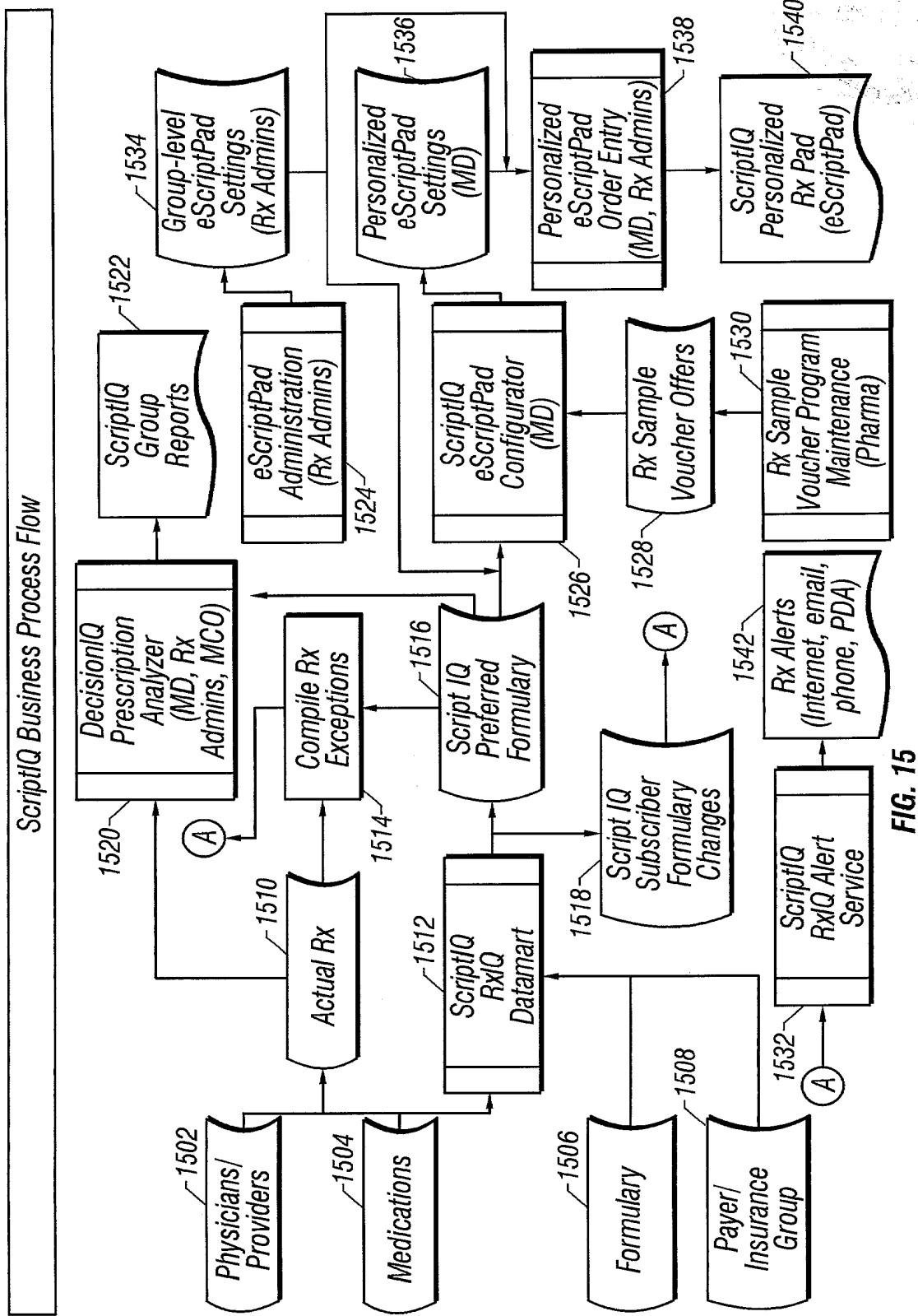


FIG. 15

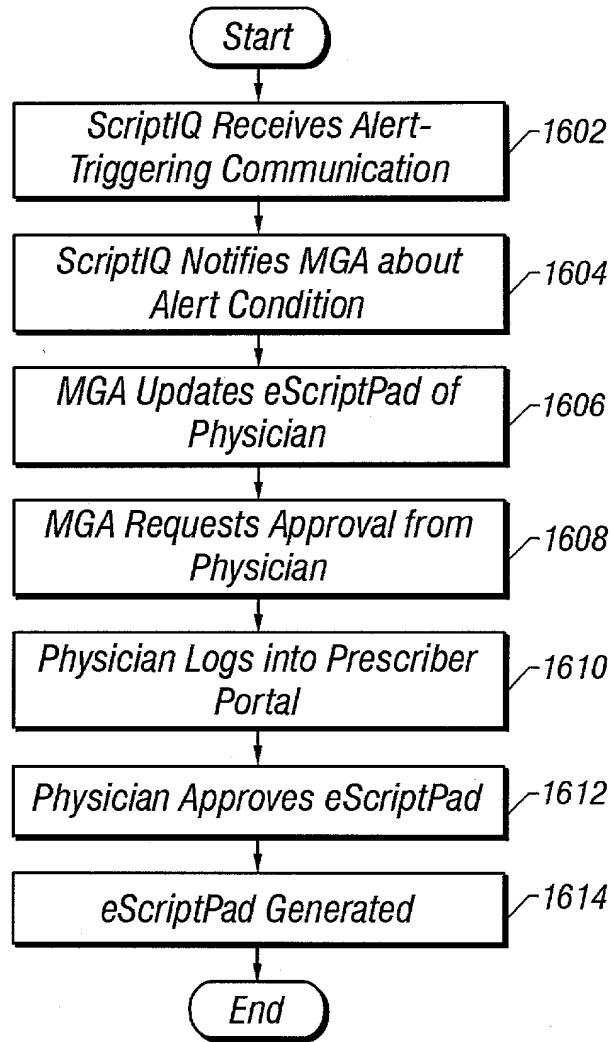


FIG. 16

*To: Medical Group User
From: eScriptIQ System Alert Service
Date: November 1, 2001
Subject: ALERT - Changes to eScriptPad Prescription Pads*

Dear Medical Group User,

We have received a communication from ABC Pharmaceutical Company stating that pharmaceutical product 123AB has been recalled. Please see <http://www.ScriptIQ.com/RxAlertService/Alert1987.html> for any additional information.

The eScriptPad prescription pads for the following doctors are affected and should be changed:

*Dr. John Doe johndoe@scriptiq.com
Dr. Mary Smith marysmith@scriptiq.com
Dr. Jack Jones jack.jones@scriptiq.com*

You can revise their prescription pads by clicking on this link: <http://www.ScriptIQ.com/login.html>.

*Sincerely,
ScriptIQ Alert Administrator*

FIG. 17

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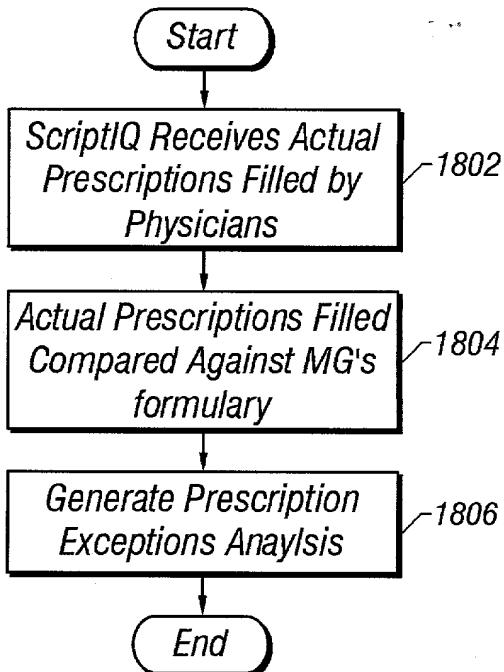


FIG. 18

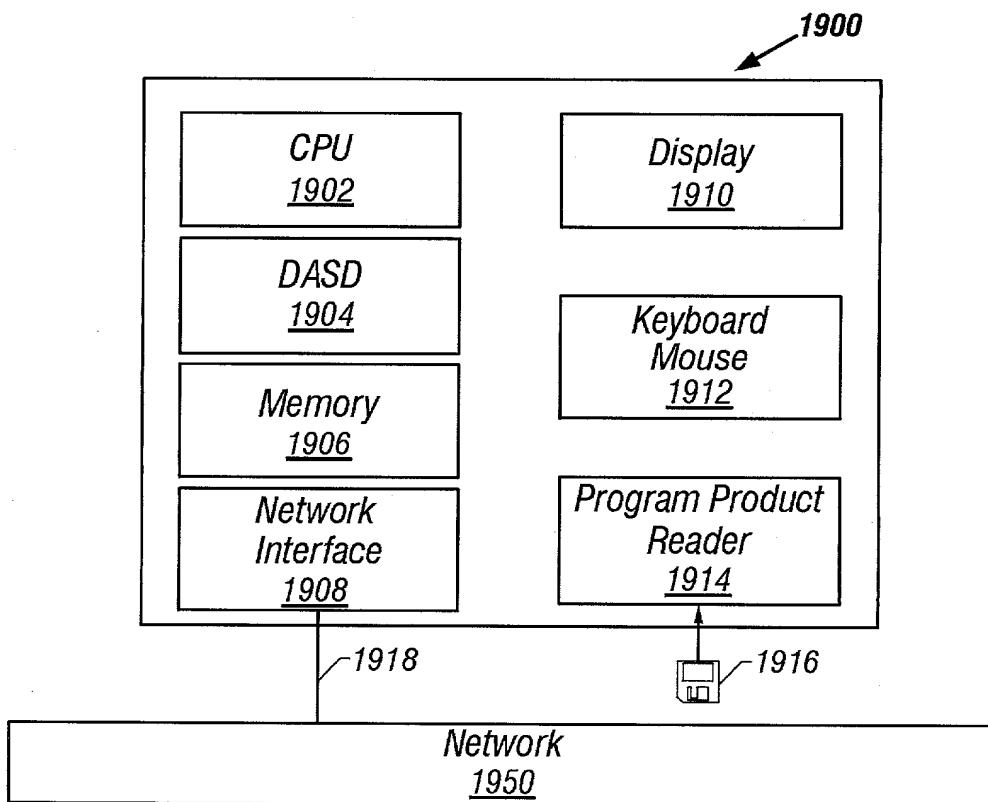


FIG. 19